

## Application Data Sheet

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: TOOLING FOR MOLDING WITH KEYS  
PARTICULARLY FOR THE PRODUCTION  
OF AIR INTAKES WITHOUT CLIPS  
Attorney Docket Number:: 0515-1059  
Request for Early No  
Publication?::  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 10  
Total Drawing Sheets:: 9  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: MICHEL  
Middle Name::  
Family Name:: BUGE  
City of Residence:: SAINT SEBASTIEN SUR LOIRE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 10 RUE DU CLOS DAVY

City of Mailing Address:: SAINT SEBASTIEN SUR LOIRE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-44230

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: JACQUES  
Middle Name::  
Family Name:: LALANE  
City of Residence:: SAINT ORENS  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 14 ALLEE DES ROSSIGNOLS

City of Mailing Address:: SAINT ORENS  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-31650

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: ALAIN  
Middle Name::  
Family Name:: PORTE  
City of Residence:: COLOMIERS  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 8 ALLEE DE BELLE-LLE

City of Mailing Address:: COLOMIERS  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-31770

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: ERIC  
Middle Name::  
Family Name:: RAMBAUD  
City of Residence:: LES SORINIERES  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 11 RUE DE LA POSTE

City of Mailing Address:: LES SORINIERES  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-44840

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

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**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02 08014	6/27/02	Yes

**Assignment Information**

Assignee Name::  
Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::